

The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.state.ma.us/reg/boards/hd
617-727-9940

Out of Country Application

OUT OF COUNTRY APPLICANTS **INSTRUCTION SHEET**

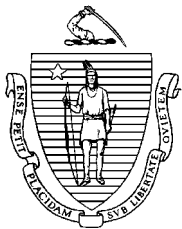
Effective January 1, 2000, all applicants are now required to take a practical & written examination. Examinations are held in English only without exception.

A COMPLETED APPLICATION MUST INCLUDE:

- A completed health certificate
- A small 2x2 photo
- Money order made payable to the Commonwealth of Massachusetts
- All documents must be originals and translated by an accredited agency.
- All applicants must submit verification of an original social security card (mandatory).
Acceptable forms of verification are outlined on the attached memo.
- A notarized affidavit from your school of hairdressing, certifying your dates of enrollment and completion of your course of study, as well as the **exact number of hours of training in each subject.**
- A notarized affidavit indicating proper information as to any time served as an apprentice while in school or after school.
- A second notarized affidavit, this time from your employer, if you have worked after completion of your in-school training or apprenticeship. Self-employed applicants, a notarized affidavit from your landlord is acceptable.
- All affidavits must be notarized in the country where you worked or studied. All affidavits will become the property of the Board.
- If your country issues licenses we need to see your current year license.
- A notarized translation of your passport and/or resident alien card stating your name, age, occupation, etc . . .

Please be advised all application fees are non-refundable.

***Normal application processing time for complete applications is between 3-4 weeks.
Incomplete applications can further delay processing time.***



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Out of Country Application-Fee 113.00
Practical & Written Exam Required--Exams administered in English only

BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY

Status Code: _____ Issue Date: _____ Lic. Exp. Date: _____

4. Date of Birth: _____ Place of Birth: _____

5. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

6. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

7. Telephone Number-Day: _____ Evening: _____
E-mail address: _____ Web address: _____

8. Social Security Number (**Mandatory**): _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____
10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____
13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
15. Present Employer _____
16. Beauty School Attended _____
Name & Address of School
Date Started: _____ Date Finished: _____
17. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date



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EMPLOYER'S AFFIDAVIT FOR OUT OF STATE/COUNTRY APPLICANT

STATE OF _____ COUNTRY OF _____

I hereby certify that I am a Registered Cosmetologist, _____ in the country
of _____ *License Number*
and that _____ was in my
employ as a _____ *Applicant's Name*
Hairdresser, Aesthetician or Manicurist under
supervision from _____ *Full/Part Time*
to _____ in a beauty shop located in
_____ *month/day/year* *month/day/year*

City State Zip Code Telephone Number

ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE

NOTARY SEAL

Name: _____
Shop Owner's Name

This affidavit must be notarized Address: _____
in the Country where signed.

City: _____
State: _____ Zip Code: _____
Telephone #: _____
Signature: _____
Managing Cosmetologist

Notary Public (Please Print) _____
Notary Public (Signature) _____

This Portion Below to be Filled Out **Only** if You Are or Have Been a Property Owner

AFFIDAVIT FROM SALON OWNER

Country of _____

I hereby certify that I am or was a property owner in the country of _____
and that I owned the property located at _____
and that _____ owned and operated a beauty salon at this location
from _____ to _____
month/day/year *month/day/year*

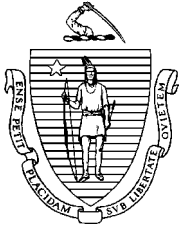
Subscribed and sworn before me this _____ day of _____

NOTARY SEAL

Name of Property Owner _____
Present Address: _____
City: _____
Signature of Owner: _____

This affidavit must be notarized
in the country where signed.

Notary Public (Please Print) _____
Notary Public (Signature) _____



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Health Certificate

Required of Cosmetologists, Operators, Manicurists, Aestheticians, Students, Instructors and Demonstrators

Town or City _____ Date _____

I hereby certify that I have examined _____ of _____
Name of Applicant *Address*

and I certify this individual is not afflicted with any infectious disease.

Signature of Licensed Physician _____ M.D.

Address, Town or City _____